



## Health Promotion Toolbox

[http://www-nehc.med.navy.mil/hp/HP\\_Toolbox.htm](http://www-nehc.med.navy.mil/hp/HP_Toolbox.htm)

### Sexual Health

#### A Message for Commanding Officers

Active Duty Sailors and Marines acquire preventable sexually transmitted infections and surveyed enlisted female Sailors report high rates of unplanned pregnancy. Negative consequences of sexual risk taking for the individual Sailor or Marine may include pain and suffering, embarrassment, lifelong health / career / family / or relationship consequences, and long term financial consequences. For the Department of the Navy (DoN), negative consequences may include lost duty days, early separations from service, direct medical costs, and an erosion of image.

#### **What Can Leaders Do?**

- (1) Leaders can set a positive organizational climate. Establish a policy of responsible sexual behavior as the norm. Promote decreased risk behavior. Promote the value of healthy shipmates. Ensure the crew knows how to use condoms and has access. Discourage sex-seeking during port calls; expect condom use for crew members who engage in this behavior; expect use of a buddy system during port calls to prevent alcohol and sex related incidents. Expect leadership by example from all in the chain of command, including senior white hats (who may be uniquely influential over younger Sailors).
- (2) Leaders should not threaten discipline for health-care seeking behavior – this only drives disease “underground”.
- (3) Leaders must protect / respect medical privacy. The crew won’t seek care if they perceive their privacy is not protected. Ensure all hands know how their medical confidentiality is protected.
- (4) Leaders should support all-hands training. Complete quality GMT. Ensure full fidelity to the established GMT curriculum. Provide a positive learning environment (time, place, command emphasis), and insist on full attendance. Support on-going sexual health awareness activities.
- (5) Leaders should ensure the crew has access to condoms. Detailed information about this often emotionally-charged issue may be found in “Frequently Asked Questions about Condom Access for Disease and Pregnancy Prevention” on the NEHC-SHARP website (<http://www-nehc.med.navy.mil/downloads/hp/condomaccess.pdf>).

## Background.

In 2005, 95 active duty Sailors and Marines became infected with HIV. Since 1985, 5,180 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service. Of the approximately 480 HIV positive members remaining on active duty at the end of 2005, none are deployable. Health care costs for military members infected with HIV have not been reported. Many do not yet need medication to control their infection. For those who do, the annual health care cost is probably less than \$12,000 per person. Lost duty days are incurred for the 3-day semi-annual HIV re-evaluations for infected members. Some members may also need travel days since this care is available only in San Diego, Bethesda and Portsmouth. One crude estimate is that the DoN acquires a new \$20 million obligation each year for the lifetime HIV health care costs of each newly infected member (\$200,000 per person at the annual infection rate of 100 Sailors and Marines) with some significant portion of this passed on the Veteran's Administration upon separation of the member. Retraining costs for HIV infected members who separate from service have not been calculated.

In 2004, 2,603 active duty members were infected with Chlamydia, gonorrhea or syphilis, at an estimated direct medical treatment cost of \$216,000. The incidence of other sexually transmitted infection, including genital herpes, genital warts, Human Papillomavirus-associated cervical carcinoma, hepatitis B, pelvic inflammatory disease and trichomoniasis are not tracked and costs are not known.

In 2002, only 30% of pregnancies among surveyed enlisted Sailors were planned. The national *Healthy People 2010* objective (supported by DoDI 1010.10) is not less than 70% of pregnancies be planned. Annual pregnancy care costs of the 4500 unintended pregnancies (UIP) among active duty members, at an estimated cost \$3,200 per person, was \$14 million in 2003. Separations due to pregnancy and retraining costs for separated members have not been calculated. Lost duty days for UIP health care and delivery convalescence in 2003 exceeded 136,000. The presumably stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands has not been studied.

In 2002, condom use among unmarried active duty Sailors (46.4%) and Marines (43.3%) were below the *Healthy People 2010* objective of not less than 50%.

### Sources

-NEHC (2004); (Medical Event Reporting System - unpublished data)

-NNMC Bethesda HIV Central (2005) (unpublished data)

-Bray R, Hourani L, Rae K, Dever J, Brown J, Vincus A, Pemberton M, Marsden M, Faulkner D, Vandermaas-Peeler R (2004). 2002 Department of Defense (DoD) Survey of Health Related Behaviors Among Military Personnel. Prepared for the Assistant Secretary of Defense (Health Affairs) under Cooperative Agreement No. DAMD17-00-2-0057 by RTI International, Research Triangle Park, North Carolina

-Uriell, Z. (2004). (unpublished data based on Results of the 2003 Pregnancy and Parenthood Survey. Navy Personnel Research, Studies, & Technology, Millington TN, and e-mail communication with the SHARP, 2 November 2004)